

CINCINNATI FIRE DIVISION		Date 11-7-00	Unit Shift 3	E Company # 8
MEDICAL RUN REPORT FORM 33		Incident No. 179	FDZ 0471	Call Rec'd 1956
Additional Companies ENC 8 & ENC 2 + POLICE		On Scene 2000		
Bill #	Driver 43	Badge # 977/422	Tech QTS	Responding From QTS
First Name Robert	Last Name Roger	City Cinti	State OH	Zip 45224
Patient's Street Address 6576 Monte Vista	City Cinti	State OH	Zip 45224	County Hgm
Social Security Number 574 76 72 67	Date of Birth 3-27-71	Patient's Phone Number UNK	Rec. Hosp. UK	
Location of Call 2098 Seymour		MEDICAL HISTORY		
Nature of Call Injured Person	Dispatch Code	<input type="checkbox"/> Asthma <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Emphysema <input type="checkbox"/> Heart Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Psych <input type="checkbox"/> Seizures <input type="checkbox"/> Stroke/TIA <input type="checkbox"/> Other		
Chief Complaint Cardiac Arrest	Final Code	TYPE <input type="checkbox"/> BLS <input checked="" type="checkbox"/> ALS <input type="checkbox"/> No Transp. <input type="checkbox"/> Disregard		
Vital Signs		ALLERGIES		
1st Resp 2000	B.P. 0	<input type="checkbox"/> Aspirin <input type="checkbox"/> Codeine <input type="checkbox"/> Penicillin <input type="checkbox"/> Other		
1st Set 2010	Pulse 0	MEDICATIONS		
Trans. Unit 2010	Resp 0	<input type="checkbox"/> VNK <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____		
2nd Set 2090	Resp 0			
3rd Set				
1st Responder Primary Assessment pt under CPR upon arrival by Police ER took prior CPR				
Co. Officer Badge # 475 EMS Personnel Badge #'s 323, 487, 993, 310, 999				

PATIENT ASSESSMENT						
Eye Opening	Verbal Response	Best Motor Response	Respiration	Skin	Pupils	
<input checked="" type="checkbox"/> 4 Spontaneous <input type="checkbox"/> 3 To Voice <input type="checkbox"/> 2 To Pain <input type="checkbox"/> 1 None	<input type="checkbox"/> 5 Oriented <input type="checkbox"/> 4 Confused <input type="checkbox"/> 3 Words <input type="checkbox"/> 2 Incompr. Sounds <input checked="" type="checkbox"/> 1 None	<input type="checkbox"/> 6 Follow Commands <input type="checkbox"/> 5 Localizes Stimulus <input type="checkbox"/> 4 Withdraws <input type="checkbox"/> 3 Flexion Posturing <input type="checkbox"/> 2 Extension Posturing <input type="checkbox"/> 1 No Movement	<input type="checkbox"/> Normal <input type="checkbox"/> Difficult <input type="checkbox"/> Shallow <input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Normal <input type="checkbox"/> Cyanotic <input type="checkbox"/> Warm, Hot <input type="checkbox"/> Pale, Ashen <input type="checkbox"/> Jaundiced <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Cool	<input type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Non-Responsive <input type="checkbox"/> Left <input type="checkbox"/> Right	
BLS RUN	ALS TREATMENT GIVEN	ALS RUN	ALS TREATMENT GIVEN			
<input type="checkbox"/> Pregnancy <input type="checkbox"/> Delivery Sex M Time: _____	<input type="checkbox"/> Trauma <input type="checkbox"/> MAST Trousers <input type="checkbox"/> Splinting <input type="checkbox"/> Bleeding Control <input type="checkbox"/> Spinal Immobilization <input type="checkbox"/> Cervical Collar <input type="checkbox"/> Backboard <input type="checkbox"/> Head Immobilization	<input type="checkbox"/> IV Fluid Type NACL IV Gauge 18 By 363 <input type="checkbox"/> Pulse Oximetry 93 <input type="checkbox"/> Witnessed Arrest <input type="checkbox"/> Bystander CPR <input type="checkbox"/> CCDF CPR <input type="checkbox"/> AED Applied	<input type="checkbox"/> Cardiac Treatment <input checked="" type="checkbox"/> Monitor Applied EKG Rhythm Asystole <input checked="" type="checkbox"/> Asystole Defibrillate 200, 300 <input type="checkbox"/> Suction <input type="checkbox"/> Intubation 843 By 843			
Ambulance/Rescue Unit Assessment upon arrival, found pt in cardiac arrest. CPR initiated. IV not started. Monitoring began. 4:00 PM. 4:05 PM. 4:10 PM. 4:15 PM. 4:20 PM. 4:25 PM. 4:30 PM. 4:35 PM. 4:40 PM. 4:45 PM. 4:50 PM. 4:55 PM. 5:00 PM. 5:05 PM. 5:10 PM. 5:15 PM. 5:20 PM. 5:25 PM. 5:30 PM. 5:35 PM. 5:40 PM. 5:45 PM. 5:50 PM. 5:55 PM. 6:00 PM. 6:05 PM. 6:10 PM. 6:15 PM. 6:20 PM. 6:25 PM. 6:30 PM. 6:35 PM. 6:40 PM. 6:45 PM. 6:50 PM. 6:55 PM. 7:00 PM. 7:05 PM. 7:10 PM. 7:15 PM. 7:20 PM. 7:25 PM. 7:30 PM. 7:35 PM. 7:40 PM. 7:45 PM. 7:50 PM. 7:55 PM. 8:00 PM. 8:05 PM. 8:10 PM. 8:15 PM. 8:20 PM. 8:25 PM. 8:30 PM. 8:35 PM. 8:40 PM. 8:45 PM. 8:50 PM. 8:55 PM. 9:00 PM. 9:05 PM. 9:10 PM. 9:15 PM. 9:20 PM. 9:25 PM. 9:30 PM. 9:35 PM. 9:40 PM. 9:45 PM. 9:50 PM. 9:55 PM. 10:00 PM. 10:05 PM. 10:10 PM. 10:15 PM. 10:20 PM. 10:25 PM. 10:30 PM. 10:35 PM. 10:40 PM. 10:45 PM. 10:50 PM. 10:55 PM. 11:00 PM. 11:05 PM. 11:10 PM. 11:15 PM. 11:20 PM. 11:25 PM. 11:30 PM. 11:35 PM. 11:40 PM. 11:45 PM. 11:50 PM. 11:55 PM. 12:00 PM. 12:05 PM. 12:10 PM. 12:15 PM. 12:20 PM. 12:25 PM. 12:30 PM. 12:35 PM. 12:40 PM. 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